



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

Statewide Coordinating Council for Public Health Structure and Operating Principles September 22, 2011

Purpose and Mission

The Statewide Coordinating Council for Public Health (SCC), established under Title 5, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination.

The Statewide Coordinating Council for Public Health shall:

- Participate as appropriate to help ensure the state public health agency is ready and maintained for accreditation; and
- Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.

Membership

Members of the Statewide Coordinating Council for Public Health are appointed as follows.

- Each District Coordinating Council for Public Health (DCC) shall appoint one member, and may select an alternate member to serve if the primary SCC member is unable to attend.
- The Director of the Maine Center for Disease Control and Prevention or the Director's designee shall serve as a member.
- **The Director of the Division of Local Public Health at the Maine Center for Disease Control and Prevention shall serve as an ex officio member.**
- The Commissioner shall appoint an expert in behavioral health from the Department to serve as a member.
- The Commissioner of Education shall appoint a health expert from the Department of Education to serve as a member.
- The Commissioner of Environmental Protection shall appoint an environmental health expert from the Department of Environmental Protection to serve as a member.
- The Director of the Maine Center for Disease Control and Prevention, in collaboration with the chair and vice chair and past chair of the Statewide Coordinating Council for Public Health, shall convene a membership subcommittee. After evaluation of the appointments to the Statewide Coordinating Council for Public Health, the membership subcommittee shall appoint no more than 10 additional members, for a maximum of 22 voting members, and ensure that the SCC:
 - has at least one member who is a recognized content expert in each of the essential public health services;
 - has representation from populations in the State facing health disparities.

The membership subcommittee shall also strive to ensure diverse representation on the Statewide Coordinating Council for Public Health from:

- county governments;
- municipal governments;
- tribal governments;
- city health departments;
- local health officers;
- hospitals;
- health systems;
- emergency management agencies;
- emergency medical services;
- Healthy Maine Partnerships;
- school districts;
- institutions of higher education;
- physicians and other health care providers;
- clinics and community health centers;
- voluntary health organizations;
- family planning organizations;
- area agencies on aging;
- mental health services;
- substance abuse services;
- organizations seeking to improve environmental health; and
- other community-based organizations.

The term of office of each member is 3 years. All vacancies must be filled for the balance of the unexpired term in the same manner as the original appointment. Membership in good standing requires minimal annual attendance at 75% of full SCC meetings (this includes attendance by DCC alternates, if applicable). Any exceptions to the attendance requirement will be reviewed by the Executive Committee on a case-by-case basis. Members should demonstrate an interest in and commitment to public health, have the capacity for State-level decision-making, and the ability to share critical information with their sector peers.

Chair, Vice Chair and Executive Committee

Members of the Statewide Coordinating Council for Public Health shall elect a chair and vice chair during a September Annual Meeting. The chair is the presiding member of the Statewide Coordinating Council for Public Health. The vice chair shall assist the chair as necessary and shall assume the duties of presiding member in absence of the Chair. The term of both the chair and vice chair shall be two years, with a maximum of two terms, with the expectation that the vice chair will step into the role of chair if duly elected.

The chair will continue to serve on the Executive Committee as past chair until a subsequent chair is elected.

An Executive Committee is charged with convening, agendas, meeting facilitation, and overseeing SCC communications. The optimal size of the Executive Committee is seven members, with a minimum of five. Members include the SCC chair, the SCC vice chair, the past SCC chair, the Director of Maine CDC, **the Director of the Division of Local Public at Maine CDC as an ex officio member**, and at least one SCC member who represents a District Coordinating Council. Executive Committee members will be elected for two year terms, with a maximum of two terms, except for the Maine CDC Director, whose involvement is defined by statute.

Executive Committee members are expected to attend 75% of SCC Executive Committee meetings.

Subcommittees

The SCC shall maintain one standing subcommittee, the District Coordinating Council Representatives Committee. Membership to include the DCC Representatives from all 9 Public Health Districts

From time to time the SCC may create ad hoc subcommittees to respond to specific needs determined by the SCC Executive Committee with input from the SCC Members, Stakeholders and Interested Parties.

Operating Principles

As the Statewide representative body for collaborative planning and decision-making for public health, the SCC will seek 100% consensus through well-structured and staged processes. A quorum for decision-making and for holding an official meeting is 2/3 (15) of the SCC membership. If a consensus decision cannot be reached, a fallback is 90% "super majority" of a quorum. Excepting DCC alternates, proxies will not be allowed except under very special circumstances, requiring prior notification of and a vote by the Executive Committee. DCC alternates have full voting privileges when attending in place of the primary DCC representative to the SCC. Stakeholders and interested parties are welcome to attend and participate in all SCC meetings, but do not have voting privileges. Consensus or supermajority is required to revisit all prior decisions.

SCC members, stakeholders and other interested parties will receive regular SCC communications. Communications will include Internet web postings and email, and use of other communication methods as appropriate. All meetings of the SCC, the Executive Committee, and designated subcommittees are open to participation by stakeholders and interested parties.

The SCC will instruct subcommittees with regard to those stakeholders – at a minimum – who should be included. Subcommittees shall meet at least quarterly and must report to the Executive Committee about their progress at a regularly-scheduled Executive Committee meeting prior to quarterly SCC meetings.

The Statewide Coordinating Council for Public Health shall meet at least quarterly.

Acronyms will not be used during SCC meetings (excluding the acronyms "CDC," "SCC" and "DCC.")

Communication between the SCC and the District Coordinating Councils (DCCs) will occur regularly via DCC representatives to the SCC, as well as through the Office of Local Public Health.

Annual Reporting

In years when a new state health plan/state health improvement plan is being developed, the Statewide Coordinating Council for Public Health shall provide input from its own members and from the DCCs stating goals, objectives and strategies to be considered for inclusion in the state health plan/state health improvement plan.

The SCC shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the Governor's office on progress made toward achieving and maintaining accreditation of the state public health agency and on district-wide and state-wide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services.

The SCC shall also report annually, by December 31, to the Secretary of State, information required by Title 5, §12005-A. The information includes: Clerk of the board, names and addresses of members, date of appointment and expiration, dates and locations of all meetings, attendance at and length of meetings, compensation, expenses related to the meetings or activities of the board, expenses, funding source for expenses, vacancies and activities of the board related to its mission.

The SCC shall also report annually through a report card on health, by June 1, an annual brief report card on health status statewide for each district. The report card must include major diseases, evidence-based health risks and determinants that impact health. This report card is required by PL, Ch 306.

Conflict of Interest

A "conflict of interest" is defined as any personal or organizational financial or other interest which prevents or appears to prevent an impartial action or decision on the part of an SCC member. A conflict occurs when a financial or other interest could:

1. Significantly impair the individual's objectivity.
2. Create an unfair competitive advantage for any person or organization.
3. Provide a direct or indirect fiduciary interest of financial gain for that individual or organization.

Should a matter before the SCC present a known, or a potential conflict of interest, SCC members are required to disclose such potential conflict to the SCC Executive Committee at the earliest point possible. The member may then participate in discussions regarding the subject, but may not participate in formal decision-making or votes pertaining to the matter.

Annual Review

Because the function and scope of the SCC may evolve over time, this document will be reviewed annually and revised as needed.